

AUG. 16. 2005 10:04AM

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NO. 9311 P. 1

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1933 7590 05/19/2005

FRISHAUF, HOLTZ, GOODMAN & CHICK, PC
767 THIRD AVENUE
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NEW YORK, NY 10017-2023

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B. Villani	(Depositor's name)
<i>B. Villani</i>	(Signature)
VIA FAX - 8/16/05	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/785,533	02/23/2004	Akira Sawagami	04096/LH	1557

TITLE OF INVENTION: MOLDED LENS HAVING AN OUTER CIRCUMFERENCE AND FIRST AND SECOND OPTICAL SURFACES WITH CUT OFF PERIPHERAL PORTIONS, AND MOLDING DIE FOR THE MOLDED LENS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARRINGTON, ALICIA M	2873	359-719000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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FRISHAUF, HOLTZ,
GOODMAN & CHICK, P.C.

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(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Konica Minolta Holdings, Inc.	01 FC:1501 1400.00 OP 02 FC:1504 300.00 OP 03 FC:8001 3.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies 1	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1378 (enclose an extra copy of this form).

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Authorized Signature

Date 8/16/05

Typed or printed name

Leonard Holtz

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